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PAUL W. MARTIN LAW DEPARTMENT, WHQ-4 1700 S. PATTERSON BLVD. DAYTON, OH 45479-0001 MAY 1 6 2005				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
		MAI	\$	Karen A. ((Depositor's name)	
0000005 CNGUYEN1 0000005	\ \a} 65\		Karen	2. Church	(Signature)		
501 1400.00 DA		PADEMARK		May 16, 2005		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED IN		ENTOR ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/020,057	02/06/1998	ALI M. VASSI		H	7376.10	2830	
TITLE OF INVENTION: A TERMINAL							
APPLN. TYPË	SMALL ENTITY	ISSUE FEI	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	МО	\$1400		\$0	\$1400	08/03/2005	
EXAMINER		ART UNIT	r c	LASS-SUBCLASS]		
NGUYEN	I, NGA B	3628		705-017000	-		
1. Change of correspondence address or indication of "Fee Addres CFR 1.363). Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cu Number is required.			or agents OR, alternatively, (2) the name of a single firm (having as a member a				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON TH	HE PATENT (print	or type)			
PLEASE NOTE: Unless	an assignee is identified b 37 CFR 3.11. Completion	elow, no assignee do of this form is NOT	ata will appear on a substitute for filis	the patent. If an assignment.	nee is identified below, the d	locument has been filed for	
recordation as set forth in	er.	(B)	RESIDENCE: (CI	TY and STATE OR CO	UNTRY)		
(A) NAME OF ASSIGNE	-		.				
(1			Dayton, O	hio			
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Please check the appropriate 4a The following fee(s) are of the last see and the following fee (No state of the last see and the following fee (No state of the last see and the	ation assignee category or category cat	e) 37 CFR 1.27.	Payment of Fee(s): A check in the a Payment by crea The Director is Deposit Account N	mount of the fee(s) is endit card. Form PTO-203 hereby authorized by sumber 14-0225 to longer claiming SMA	nclosed. 8 is attached. 1 is attached fee(s), or (enclose an extra c	credit any overpayment, to copy of this form). FR 1.27(g)(2).	

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